

Traveler ID Unit Code

## STAFF

BK Trip? ☐ YES ☐ NO

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STD. 262 (REV. 10/92)

240

CLAIMANT'S NAME

K&amp;Esgate

Fiscal Year \_  
2008-2009

2008TEC1776

SSN OR EMPLOYEE NUMBER\*

DEPARTMENT  
OPR

Chief of Staff

CB/ID NO.:  
EXEMPT

DIVISION OF RECREATION  
California Volunteers

PCA #	11100
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RESIDENCE ADDRESS\*

HEADQUARTERS ADDRESS	1110 K Street, Suite 210
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TELEPHONE NUMBER  
916-323-4982

CITY .  
Sacramento

STATE  
CA

ZIP CODE

CITY	Sacramento
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STATE  
CA

95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION						(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
										MILES	AMOUNT				
Oct 2009	10/25	1645	Sacrament/OC							\$89.00	13	\$7.15		\$96.15	
	10/26		Orange County			\$18.00	\$6.00			\$9.00		\$0.00		\$33.00	
	10/27		Orange County		\$3.75	\$10.00	\$18.00	\$6.00		\$9.00		\$0.00		\$46.75	
	10/28	1400	OC/Sacramento		\$5.39			\$6.00			13	\$7.15		\$18.54	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
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												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
(10)	SUBTOTALS				\$9.14	\$10.00	\$36.00	\$18.00			?	\$26	14.3		\$194.44

.....  
 COLUMN CODE:ACCTG USE ONLY

CLAIM TOTAL	\$	\$194.44
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Women's Conference

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER  
UO DUCS

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER  
\$0.55

THÉREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(1) CLAIMANT'S SIGNATURE

DATE **11-30-07**

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE	11/30/09
DATE	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)